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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### MANIA TRANSITORIA.

Read before the New York State Medical Society,  
at its late meeting,

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[Reported by T. D. Crothers, M. D., Albany, New York, for the Reporter.]

It is not my purpose to enter upon a general discussion of the mental phenomena to which this term mania transitoria has been descriptively applied. I desire simply to ask the attention of the society for a few minutes to the legal relations of this so-called transitory mania, and to show, by reference to a case recently tried in one of our State Courts, what uses and abuses it may be made to subserve. As regards the propriety and accuracy of naming any phase or stage of insanity mania transitoria, I shall have a few words to say before I close this paper.

The trial of Andrews, in the State of Massachusetts, in 1869, who was defended on the plea of transitory mania, and the subsequent paper of Dr. Edward Jarvis, one of the medical witnesses, in which he collated the views and cases of a large number of writers and observers upon this subject, served to bring it somewhat prominently before the medical and legal professions of this country. Not that there was anything new in the views and facts thus collated; on the contrary, they have been accumulating since the time of Esquirol. But the evolution from these recorded observations,

and from more recent investigations, of a theory which, when carried to its logical conclusion, will go far toward converting all vice and crime into a species of insanity, is something calculated to arrest attention. I do not wish to be understood as saying that Dr. Jarvis holds that all criminals are lunatics, but when he or any other physician asserts that insanity may demonstrate its existence by a single act, extending over a few minutes only, and that act a criminal one in its ordinary relations, the door is swung wide open to an insane jurisprudence, whenever it may suit the wants of counsel, client, or popular clamor.

In illustration of the truth of this, I give you the case of Aratus F. Pierce, who was arraigned, in October last, before the Court of Oyer and Terminer, held in Lockport, Niagara Co., charged with the murder of William Bullock.

The facts in evidence touching the mental condition of Pierce and the shooting of Bullock are briefly as follows:—No insanity was shown in the direct ancestral line of the prisoner, but in a collateral branch there was one maternal uncle and one maternal aunt who had been insane, and another aunt who had nervous "spells." No evidence was offered tending to show that he inherited an insane temperament. He was not eccentric, or in any way peculiar; on the contrary, he had a symmetrically developed character, and had won for himself a good name for integrity and capability. At the time of the homicide he had reached the age of twenty-eight years, with a mind well balanced, and free from all indications or suspicion of insanity. His temperament

was characterized as nervous by medical witnesses, as was also his mother's.

He had an only sister to whom he was strongly attached. William Bullock became the avowed lover of this sister, and her promised husband. Such was the relation existing between these several parties early in March, 1871. At this time it was discovered by the parents of Hattie Pierce that she was soon to become a mother, and that William Bullock was the father of the child. Young Pierce was sent for to come home, where he arrived on Wednesday, the 8th day of March. He was then, for the first time, informed of his sister's condition, and on that day had an interview with Bullock. Pierce wanted Bullock to marry his sister immediately; Bullock wanted to postpone the marriage till after the birth of the child, keeping the whole affair secret, and disposing of the child in a clandestine manner. Pierce showed much grief, shed tears, was pale and agitated. They separated without coming to an arrangement satisfactory to Pierce, and he left Lockport the same evening for Waterford, whither he went to arrange for his own marriage. This accomplished, he returned to Lockport the following Saturday, the 11th day of March. On the afternoon of this day he is described as looking pale and agitated, and seemingly preoccupied with the condition of his sister, her ruin, and the disgrace of the family. In the evening, at about nine o'clock, he again met Bullock, and the conversation in regard to his sister was resumed. This interview was at the house of Pierce's father. There was no angry altercation, and no threats passed between them. Pierce appeared to feel keenly the shame and disgrace brought upon his sister, and urged Bullock to remove it, as far as it could be done, by immediate marriage. To this arrangement he failed to gain the assent of Bullock. Pallor, tears, and agitation, were again observed at this interview. At this time it is shown that both Pierce and his sister had lost faith in Bullock's fidelity to his promise. Pierce and Bullock passed out of the house together. Pierce swears that after speaking of some indifferent matters he again referred to his sister, and that they continued the conversation until they reached the point where Bullock proposed to separate from him, when Pierce says he again asked Bullock if he would not marry his sister before her confinement, and Bul-

lock replied, "I will see you in hell." At this point the statements of Bullock and Pierce are conflicting. In Bullock's ante-mortem statement no such words are given. Up to this time, the very moment before the homicide, there is no pretence that Pierce was insane. Pierce says that his last recollection was Bullock's expression, "I will see you in hell," till he found himself in the custody of a man he did not know. The facts are, that at this time Pierce, without any threat or warning, drew a pistol and discharged it at Bullock. Bullock turned and ran, Pierce pursuing, and firing four more shots, the last just as Bullock fell to the pavement, and Pierce was secured by a policeman. All this occupied about four minutes. When told that he was a prisoner, he dropped his revolver, and said he would go with the officer. He was pale, but quiet and orderly. At about this time, or soon after, in reply to a question about his motive for the homicide, he said, "Wait, time will tell;" and a few hours afterwards remarked to an officer that "he need not be mad at him, for when he came to know the truth of the case, he would not blame him." Pierce saw Bullock fall upon the pavement, saw him prostrate and bleeding at the station house, but he asked no questions, he expressed no surprise, and at that time he exhibited no unconsciousness of the act he had just committed. There was no maniacal wildness, or disorder of ideas or conduct, either just before or just after the homicide, or while firing the fatal shots; no manifestation of delirium whatever. There was the homicidal act, as above described, nothing more. His subsequent appearance and conduct in jail, up to the trial in October, evinced no mental disorder. This statement embraces all the essential facts in the case.

The defense interposed the plea of mania transitoria, which was sustained by the opinions of two physicians, residing in the city of Lockport. They expressed the opinion that it was highly probable that Pierce, just while firing the shots at Bullock, "was in a state of transitory mania," indeed they had "no doubt about it." The facts upon which this opinion rested were, in the language of one of the medical witnesses, "his (Pierce's) excitement at the finishing of conversation with Bullock; he had a little hope that Bullock would do what was right, and upon the reply that was

made, 'go to hell,' it was a shock that produced mania; I have no doubt of it whatever; if he had had no gun, he might have stood there benumbed and gone off crazy." The other says, "the fact of hereditary insanity; that he received a severe shock; that he committed an act entirely out of keeping with his moral ideas, leads me to suppose it was mania transitoria; the unpremeditated nature of it, and lack of motive."

Let us briefly examine the premises upon which rests this unqualified opinion that Pierce was in a state of mania for about four minutes.

First, alleged hereditary insanity. There was no insanity in the ancestors of the prisoner; therefore, to speak accurately, no hereditary insanity. There was insanity in two, or at most, three, collateral relatives. Now I grant that if there had been a strong taint of insanity in the constitution of the prisoner, influencing and modifying his character, conduct, and mental development, this fact would be entitled to no inconsiderable weight in this investigation; but, in the absence of all the usual signs of the insane temperament in the character, mind, and life of Pierce, it is incorrect to say that he ever inherited a predisposition to insanity. The evidence in the case fails to establish hereditary insanity.

"Sudden shock" is put forward as the one prominent feature in this case; without it the plea of insanity would rest upon nothing.

Recall to mind that on the 8th of March Pierce was informed of the seduction of his sister. Here was the sudden shock. But on that day he had an interview with Bullock, in which he betrayed no maniacal conduct or incoherence. He then went to Waterford, and arranged for his own marriage, returning to Lockport, Saturday, March 11th. For four days the knowledge of his sister's fall had been in his possession. He had traveled, attended to his own affairs intelligently and coherently; he had reflected and deliberated; then after a renewed conversation with Bullock came the expression which, it is claimed, made him instantaneously insane. Bear in mind also, that Hattie Pierce told Bullock that she had lost confidence in him in the presence of the prisoner, before they left the house that evening; that Pierce had said to Bullock, in the conversation as they passed along the street, that he did not believe he intended to marry his sister; and it will be seen that his mind

was prepared for the worst; that there was no sudden shock at the moment preceding the homicide. I am now supposing that Pierce's account of the final interview with Bullock is true.

The theory of the defense fails at this point, and is inconsistent with itself. If Pierce was made insane by sudden shock, it must have been on the 8th of March, four days before the murder. But this could not have been maintained, and was not attempted.

"He committed an act entirely out of keeping with his moral ideas," we are told. Did he? Where is the proof? Is a man necessarily insane, because he shoots the seducer of his sister? This is an assumed, rather than a real fact in the case, and is not sustained in its general application to men by the history of our race.

"The act was unpremeditated, and there was lack of motive," concludes the witness. Unpremeditated violence is no indication of insanity. And is it true that there was no motive? Nine-tenths of the large audience that crowded the court room, and heard these words as they fell from the lips of the witness, believed that Pierce killed Bullock because he seduced his sister, and they justified him in so doing. The motive which actuated Pierce was one which many sane men possessing the higher instincts of manhood, with a keen sense of justice, hold to be a sufficient justification for taking the life of the offender.

The alleged facts upon which the opinion rests that Pierce was in a state of mania transitoria during the four minutes in which he was firing at and pursuing Bullock, are thus seen to be unsustained by the evidence.

Admitting, however, that they were all fully established, just as stated by the medical witnesses, they are still insufficient to prove the insanity of the prisoner, or even to raise a doubt of his perfect sanity at the time of the homicide.

On the last day of this trial I was compelled to attend, and to a hypothetical question, embracing the facts in evidence touching the mental condition of the prisoner at the time of the murder, replied that they failed to make out a case of insanity. A careful perusal of the published evidence confirms me in that opinion.

It was claimed on this trial, by legal counsel, and by medical witnesses, that the theory of the defence was sustained by a

large number of observers and writers upon insanity. This claim is incorrect. A few authors, like Marc, Castelnau, Dévergie and Jarvis, reach conclusions upon the mental phenomena presented in certain cases, somewhat at variance with the large majority of observers; but neither of them has reported such a case as this as a case of mania transitoria, or any other phase of mania. The only case I find recorded at all parallel to it is the case of Mercer, tried in New Jersey in 1843, for the murder of the seducer of his sister. Says Dr. Ray, "at no time between hearing of his sister's infamy and revenging her wrongs did he act with calmness, deliberation and coherence. He talked wildly and incoherently, and gave expression to delusive ideas, if the testimony of witnesses may be relied upon, which can only spring from insanity." These indications extended over several days. Contrast these manifestations with the conduct and appearance of Pierce during the four days that intervened between his hearing of his sister's ruin and the shooting of Bullock, and note the difference.

Of nearly one hundred cases collected by Dr. Jarvis, in his paper, there is not one which sustains the position taken by the defence on the trial of Pierce.

According to the theory of the legal counsel in this case, and the opinions of medical gentlemen who aided them in sustaining it, insanity is nothing more than a mental state, a psychological condition, transitory in its character, which may come and pass away with an act of violence, extending over only four minutes of time, giving no other sign of its existence; that it is not disease, only passion, or loss of self-possession, or presence of mind, as it is ordinarily expressed, under any shock or emotional excitement. To show that I state the position correctly, I quote the language of a witness. He says that "a person by a sudden shock may become insane, and after being insane four or five minutes, become sane again and remain so for life; that all persons who commit homicide are insane to a certain extent; that persons who, by a sudden shock, are thrown into any great passion, so that they lose consciousness, are insane; and, finally, that a man in a fight, who gets his passions roused so that he loses his consciousness, is for the time insane.

Dr. Ray says that "mania arises from a morbid affection of the brain," and that

"insanity observes the same pathological laws as other diseases." Careful and scientific investigations have established the truth of these propositions beyond question. Hence there can be no insanity, no mania, be it ever so transitory, without morbid affection of the brain. Apply this correct pathological test to such views of the nature of insanity as are quoted above, and to the theory of insanity advanced in defence of Pierce, and they fall to the ground.

But it may be said that such a pathology of insanity, strictly applied, leaves no place for mania transitoria. It certainly leaves no place for such a case as the one under review, which rests only on a single act of momentary duration. But in by far the largest proportion of the cases collated by Dr. Jarvis, and classified by him under the term mania transitoria, there are indications of cerebral and mental disease, extending over a considerable period. To the extremely small number of cases marked by a sudden paroxysm of fury or violence of short duration, Dr. Maudsley gives the key, when he says: "cases of insanity are occasionally observed in which an attack of mania suddenly comes on and soon passes away, so that, although there is no epileptic fit, one can scarcely avoid looking upon the attack as a sort of epilepsy." I would add, that I believe a careful study of such cases will show them to be cases of cerebral epilepsy.

The use of the term mania transitoria is likely to mislead, unless a correct pathology of insanity is kept in view. In making these brief attacks into a distinct form, one single feature of the disease has been regarded, its duration. Its name, then, has reference mainly to this feature; and it is not strange that the legal profession should endeavor to make it subserve a purpose in the courts for which it was not designed. So we see it applied, in the case before us, to a mental state of only four minutes' duration; and why, by logical sequence, may it not be as correctly applied to the same state covering only the infinitesimal fraction of a second?

I cannot but question the propriety of thus characterizing a phase of cerebral disorders, especially as it tends to throw the legal relations of the insane into needless confusion. Nor is the distinction made accurate, even in its descriptive relations. Cases are brought together under this term, of variable duration, from six hours to as

many months. And it leaves the door wide open for the most unscientific and unwarranted application of the term. It seems to me that it would be just as accurate to name some particular cases of pneumonia pneumonia transitoria, as to apply it to cases of insanity. Certainly much less error and mischief would result.

And this brings me to notice a few incidents connected with the trial of Pierce, which point to the real tribunal by which such cases are prejudged, and the final verdict anticipated.

During the trial the court room was crowded by a sympathizing audience, who demonstrated their sympathy with and justification of the prisoner whenever opinions were given favorable to the theory of the defence. At times the applause had to be checked by the court. The mother of the prisoner was present, and made a direct appeal to the jury to "save her dear son." The counsel, in his closing argument, told the jury that the "world was better off without such men as Bullock;" that "if they wished to protect their wives and daughters, they would say so by their verdict, and save the life of the defendant." He also reminded them that the public sentiment was with the prisoner. The presiding judge failed in his charge to instruct the jury as to what constitutes insanity in a legal sense. Thus the case went to the jury. I now quote from the printed report of the trial.

"The jury were out but a few minutes when the verdict was agreed upon. Soon after, on the reassembling of the court, they announced their verdict, 'We find the prisoner not guilty.' Upon the announcement of this verdict the scene that followed beggars description. Men and women wept for joy. Men shouted and cheered. Women rushed forward over railings and chairs, and embraced and shook hands with the prisoner. The verdict, upon becoming known upon the streets, created the wildest enthusiasm among the friends of Pierce. The prisoner was then discharged, and passed through the crowded court room and took a position at the foot of the stairs in the hall below; and here, as the immense audience passed out, he received the congratulations of his many friends."

And here we also take leave of Aratus F. Pierce, the dangerous maniac, the homicidal lunatic, who, according to the evidence of one witness, would have been guiltless of

crime had he committed yet another homicide in the court room during the trial. He stands calm in the midst of the wildest excitement. Under the sudden shock of acquittal; of escape from a great peril, no mania transitoria makes its appearance. And strange to say, neither court, witnesses, nor audience seem to fear any recurrence of the mania; the dangerous and susceptible man of a few hours before is suddenly transformed into a hero, the avenger of his sister's wrongs; and the tumultuous crowd that wept and shouted and rushed to congratulate the hero had no occasion to shield their opinions and sympathies behind a plea of insanity.

And here you have the peculiar significance of this case, in the obvious fact that an American jury, reflecting the popular sentiment, will not convict a man of murder for killing the seducer of his sister. It is one of the last illustrations of a sensational jurisprudence peculiar to American courts.

The plea of insanity in such a case is as baseless as the fabric of a vision; and the trial no more "involves the law of mania transitoria or momentary insanity, and also the medical jurisprudence of insanity," as is somewhat ostentatiously claimed in the report prepared and printed for general circulation, than it involves the law of gravitation.

Upon the strictly legal aspects of the case I have, as a physician, no comments to make. But the interposition of the plea of insanity, and the perversion of medical authorities and opinions in support thereof, I cannot regard otherwise than an outrage upon personal honor and scientific truth. It throws unjust suspicion upon the plea of insanity when legitimately offered, and reflects discredit upon the opinions of medical experts, so that courts and juries are disposed to give them little weight, except when they happen to accord with popular feeling or prejudice, or with their own convictions.

Dr. Ray remarks, that "of late years it has become a common belief, in practice, at least, that under the moral shock supposed (the seduction of a sister, wife or daughter), the person necessarily loses all self-control, if not all proper perception of right and wrong, and is, for the moment, in a state of insanity." "This," he adds, "is going too far."

Such is the recorded opinion of one of the best authorities on the legal relations of the insane in this or any other country; and this "going to far" is just where the court, witness and jury went, on the trial of Aratus F. Pierce.

THE OPHTHALMOSCOPIC APPEARANCES IN A CASE OF TRANSIENT DIMNESS OF VISION FOLLOWING SCARLET FEVER, IN WHICH THERE WAS NO ALBUMINURIA.

BY REUBEN A. VANCE, M. D.,  
New York City.

During the month of July, 1871, I was requested to make an ophthalmoscopic examination in the case of a lad, aged 11 years, who had recently recovered from scarlet fever, but was now complaining of difficulty of vision. The fever had not been unusually severe, and his convalescence had proceeded regularly and satisfactorily until about a week prior to the time he was brought to my office, when he suddenly complained that there was a mist before his eyes, and that he could not see distinctly. His mother became greatly excited, and in the confusion which ensued the boy got frightened, and had what the bystanders called a very severe fit, which lasted several minutes and was succeeded by a deep heavy sleep. The next day, although he said that his visual powers were nearly as good as formerly, yet it was observed that he walked with an unsteady gait, and was more prone than before to stumble and fall.

The history of the case, as related by the parents, was such as to leave no doubt as to the fact that the boy had suffered from scarlatina, although probably of a mild form. He was emaciated and sallow, but there was no appearance of local oedema, or general anasarca. No unusual amount of pharyngeal inflammation, no difficulty in hearing, and no physical evidence of pulmonary disease could be discovered. The bowels were regular in their action, and the appetite and digestion good. The quantity of urine voided was small, and according to the mother's statement was very high colored. With the exceptions noted, his motorial and sensorial powers were unimpaired; he slept well at night, and was as bright and intelligent as before his illness.

The ophthalmoscope revealed serous infil-

tration of the optic disks and retina in both eyes, especially marked in the right, where one side of the disk was elevated and projected forwards. The arteries of the retina were diminished to mere threads, their course was straight and their branches few; while the veins were unusually large, irregularly dilated and abundantly supplied with branches. No spots of extravasated blood could be discovered, but numerous yellowish-white spots, irregularly grouped together in the region of the macula lutea, were apparent in the right eye.

The day following I examined a specimen of his urine. The specific gravity was 1028, no albumen could be detected by heat and nitric acid, and a microscopic examination failed to discover any casts.

He was ordered hot baths daily, in conjunction with the following prescription:

R.—Lithii Bromidi, ʒi.  
Aque, ʒij.—M.

Dose: One teaspoonful three times a day, after meals, in a wine-glassful of water.

Ten days elapsed before I had another opportunity of making an ophthalmoscopic examination. The changes which had taken place in this short time were quite marked. The swelling and unilateral projection of the right disk had, in great measure, disappeared. The spots in the right eye, situated near the macula lutea, were fewer in number and smaller in size. The left disk was nearly normal in appearance. The arteries of both eyes were much larger, their branches more numerous, and their whole appearance much more natural than when examined before. The veins were smaller, straighter and more uniform in their calibre; in brief, the former state of venous hyperemia with oedema of the disks, had been succeeded by a state of simple congestion of the disks and retina.

From this time forward his visual power gradually improved, and it was noticed that in his manner of walking and general appearance he was more like his former self. He was discharged September 13th, 1871, at which time nothing abnormal could be discovered in the intra-ocular structures of either eye. In February, 1872, I had another opportunity of examining the boy, but could find nothing wrong. His mother stated that he had been perfectly well since September 7th; his headache and dimness of vision had disappeared completely.

This case derives its chief interest from the peculiarities of the ophthalmoscopic appearances. Dimness of vision and convulsive phenomena, even when unaccompanied by albuminuria, are not such rare sequelæ of scarlatina as to cause surprise, yet when these symptoms occur in connection with intra-ocular changes, such as were observed in this case, the subject is worthy of investigation. The common manner of explaining such symptoms by referring them to disease of the kidneys, which, by interfering with the due elimination of waste products from the system, induces blood-poisoning, which, in its turn, causes all varieties of abnormal nervous phenomena, will not suffice in all cases. More careful investigation will doubtless establish the fact that the intra-ocular and renal difficulties which so commonly succeed scarlet fever, are due to the operation of some one cause which produces them both, and that some abnormal condition of the nerve or retina, is of more frequent occurrence than the recorded observations would seem to indicate.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

Medical Clinic of J. M. DaCosta, M. D., Professor of the Practice of Medicine in the Jefferson Medical College.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

December 14th, 1872.

(Continued from No. 528.)

#### A Case of Lardaceous Liver, Spleen, and Kidney.

We have next a case requiring a minute differential diagnosis.

John W., aged 26 years, a sailor, was admitted November 11th. His mother died of consumption, and his father from intemperance. He has always had a tendency to epistaxis, but otherwise his health is naturally good. He has had several chancres and has been a hard drinker. In 1865, while in the army, he had an attack of chills and fever, which lasted seven months; afterwards, while in the West Indies, he had rheumatism. He had suffered six weeks with rheumatism when he was admitted to the New York City Hospital, where he was cured. A year ago he had a chancre, but it was followed by no eruption, sore throat, or iritis, but by falling of the hair. He came to Philadelphia November 8th, having arrived a day or two before by ship, via New York, from Washington. The night after his arrival in this city he had a chill, and con-

tinued to have one daily for a week, and he became slightly jaundiced and nauseated. A week after, he was admitted to this hospital. His urine, on examination, was acid, s. g. 1018; it contained albumen, hyaline and granular casts, some of the casts contained epithelial cells. There was increased hepatic dullness, beginning an inch below the nipple, and extending nearly to the umbilicus and across the median line. The dullness was associated with resistance, but there was nowhere any tenderness except in the epigastrium. Splenic dullness extended to the border of the ribs. There was no jaundice, no vomiting, little indigestion, bowels regular, no anasarca, no ascites, and no enlargement of the abdominal veins.

Present examination shows the abdomen swollen, and the hepatic dullness extending from just below the nipple, downwards, inwards rather than outwards, ceasing two inches below the umbilicus, in front, and two inches below the margin of the ribs, laterally. Dullness still passes across the median line, but we neither find it so marked, nor the resistance so great, as on admission. The liver is smooth and yielding, and its border is rounded. The spleen still gives marked increase of dullness, extending not only downwards, but forwards to the margin of the ribs.

As far, then, as the immediate diagnosis is concerned, this man suffers from enlargement of the liver and spleen; and the examination of the urine also shows his kidneys to be diseased. But what is the cause of this? Let us look both at the history and the physical phenomena before us. The case is without vomiting, jaundice, or ascites. These are striking points, and they suggest malignant disease where jaundice is rare, ascites frequently absent, and enlargement is as great as we have it here. But if this man had cancer of the liver it would be associated with tenderness; this I consider the most marked and distinctive feature of malignant disease of this organ. Moreover, in cancer of the liver, you can often feel the nodules; but this is not always so. Further, the patient's age is against cancer; he has no cancerous cachexia, and under treatment his general condition is ameliorating.

Is there any other disease in which these organs would be so affected? Yes. Malaria will do it, and here we have a malarial history. But in this class of diseases we are apt to have enlarged spleens rather than enlarged livers; and again, in cases of malarial albuminuria, we almost invariably have dropsy. The disease is, therefore, not malarial, or certainly not solely so, and we would be wrong in so considering it.

If it is neither malignant nor entirely malarial, what might it be? Partly as the result of syphilis, partly as the result of disease of the bones, we have what is known as albuminoid or waxy degeneration of the liver, in which it becomes enlarged and filled, or infiltrated, with this morbid waxy substance. This condition is apt to coexist with disease of the spleen

and kidneys. In syphilis this enlargement may well happen, and in this case we have not only the specific element, but that of intemperance, malaria, and in fact all the elements which so well produce the cachexia giving rise to such a liver. When we look at such a case clinically, we find it marked by the features this man presents. There is no jaundice, the liver acting; there is absence of any kind of dropsical effusion. In waxy disease these signs are even more commonly absent than in malignant disease.

The state of the kidney often throws light on the diagnosis. We find it to be in the same condition, thus giving us an additional confirmatory element in our diagnosis. I think, from one or two points in the case, I should make the condition of the liver partly albuminous and partly fatty. This I do because the man has been given to drink, because I know these conditions are often combined, and from the rounded margin of the liver, which more frequently exists when they are combined.

In conclusion let us discuss whether this man has syphilis of the liver, by which I mean actual syphilitic disease as shown by increase of the fibrous tissue, nodules. I do not believe he has. Such affection is not generally associated with disease of the spleen and kidney. Secondly, in syphilis the nodules are felt, as in cancer. These are the grounds for supposing that we are not, strictly speaking, dealing with a syphilitic liver.

The treatment of this man has consisted largely of iron, iodide of potassium, and nourishing food. To the iodide of potassium we were inclined rather by the history of the case than any distinct symptom that called for it. Tincture of the chloride of iron is here valuable, and combined with quinine; has done a great deal of good. I have used iron for many months at a time, in gradually increasing doses, with good effect. Muriate of ammonia enjoys a deservedly great reputation, among German physicians, in cases of this kind. I have used it, alternating or combined with iron. We will now in addition to the twenty minims of iron give twenty grains of the muriate of ammonia, directing our patient to take this quantity in solution, three times daily, the iodide of potassium being discontinued. This, with an occasional laxative, good food, fresh air, will reduce these organs in size. The organ of doubt, in this case, is the kidney.

DECEMBER 21st, 1872.

#### Typhoid Fever.

This man, James B., was before us upon a former occasion, and presented a number of points of clinical interest that we discussed at that time.\* That the case was one of continued fever I had no doubt. The eruption lasted for two weeks and then gradually faded. The

temperature remained 103, 102, 101.5° F., declining very gradually to its normal standard. Constipation remained throughout the malady. The patient had no unpleasant symptoms except, since the temperature has been down to 98° F., several severe attacks of supra-orbital neuralgia; these finally yielded to large doses of quinine. The man is now entirely convalescent.

I can hardly suppose in this case that there was no affection of the glands of the intestine, but it must have been very light. Another singular point in this case was the absence of marked cerebral symptoms. We see these cases occasionally. We had in this case to judge by the whole condition rather than by any one symptom. The spots, with one exception, have now disappeared from the abdomen. I think the one remaining has appeared within the last five or six days, as it is of vivid hue. We still give our patient a little quinine and acid, but will discharge him before many days.

#### Simulated Case of Typhoid Fever.

I have here another curious case that follows well in connection with the anomalous one of typhoid fever that we have just had. John W., aged 34 years, a sailor, was admitted into the hospital December 4th, 1872. Three days before his admission he was wrecked at Cape May. He came into the hospital in the most extraordinary condition, pale, feeble pulse, heart beating but 53 to the minute, and so prostrated that, for a day, we scarcely thought he could recover.

The slow action of his heart remained until recently, when it gradually increased, and to-day we find it beating 72 times per minute. His temperature has remained low, however, being 97° F. the day after his admission, the evening rise being slight, but only amounting to half a degree. This man was apparently in a typhoid state, but watching the case, and finding the temperature not above 98.5° F. at any time, I made up my mind that it was one of those curious instances of a low condition, great nervous prostration, and slow action of the heart, the result of shock to the nervous system. Here it was induced by the shipwreck first, and little food afterwards. Hence was brought about a typhoid condition, but not typhoid fever. When I found the temperature remained low I felt sure no fever was coming.

We stimulated this man freely, giving him sixteen ounces of whiskey daily, and a great deal of quinine and nourishing food. This morning he is well; pulse 75; the first sound of the heart, at first feeble, in truth almost absent, is now distinctly perceived, and the heart is regaining power. He is still taking hydrochloric acid and quinine. We will stop the former and give him twenty drops of the tincture of the chloride of iron three times a day, and six grains of quinine daily. He is now taking no stimulus; is well fed, and in a few days will be discharged.

\* Reported in the No. for January 4th, 1873.

## Acute Phthisis: Post-Mortem.

The specimens that I now show you were taken from a case that proved rapidly fatal. The following is the history. James H., a weaver, was admitted into the hospital November 29th. There was no history of consumption in his family. Six weeks previous to his last sickness he weighed 160 lbs., and was perfectly well. Four weeks ago, after suffering from headache for a week, while walking in the street, he was seized with nausea. After that time he vomited his breakfast almost every morning. He was also seized with night sweats, but was not confined to bed prior to his admission into the hospital. On admission a good many fine friction sounds were heard over the lower part of the right lung, posteriorly, masking the breathing. There was also some impairment of percussion resonance, with dry and moist rales, particularly over the portion of the lung I have mentioned. Anteriorly, there was marked dullness on percussion under the right clavicle, with a spot of distinct bronchial respiration with transmitted voice. His respiration was short, and he had sweating and muco-purulent expectoration. He never expectorated any blood. The left lung was clear on percussion and the respiration puerile.

On the 9th of December he had coarse, crackling, harsh respiration, and some dullness on percussion, over the lower part of the left lung, posteriorly. Finer crackling, harsh inspiration and somewhat prolonged expiration, was heard at the left apex; it was still quite resonant, however, on percussion. Bronchial respiration, assuming a hollow type, with well transmitted, slightly ringing voice, was heard at the right apex. There was also dullness on percussion at this point. At the lower part of the right lung the resonance was unimpaired; but there was crackling on inspiration, and marked bronchial breathing. His urine, examined on the 11th of December, was neutral; s. g., 1024; contained phosphates, but no albumen.

From this time the man went on expectorating and emaciating, the cough being intense, and the expectoration that followed more and more purulent. Let us now put ourselves back at the time we first saw this case. For the first few days we could not make up our minds whether we were dealing with bronchial pneumonia with consolidation at the apex, or acute phthisis. Sustained high temperature led us to suspect the latter. As the case progressed our impression of its being tubercular became reduced to a certainty. The left lung became involved until complete infiltration was recognized. Before this had happened, however, the right lung had commenced to give way, a cavity appearing at its upper and back part, accompanied with cavernous respiration under the clavicle. It now only remains to see what the autopsy will reveal.

Examination shows a cavity in the apex of the right lung, commencing posteriorly and running anteriorly. The whole lung is completely infiltrated. I could not show you a finer specimen of infiltrated tubercle, or as some would call it, caseous pneumonia. The left lung is soft, but without cavities, and in it we perceive distinct and well shown tubercular deposits. The lung crepitates well between the tubercular masses. We can also see fine tubercle that was in process of deposit, unlike, however, the infiltration on the other side.

In mooted the question of diagnosis it is a doubtful point to determine whether the case began as pneumonia or tubercle. Here is a case commencing with nausea, etc., while walking the streets. I think it likely, therefore, the primary affection was a pneumonic process. This is usually the case when we have got such complete disease of one side and not of the other. Whether from hereditary causes, or from absorption (as is now the prevailing doctrine), we have the affection transferred from the lung first involved to the other. We had in the progress of this case distinct tubercle forming in the left lung, while the right lung was undergoing caseous degeneration. There is, in truth, doubt, whether this right lung be the seat of true tubercle. I think it is.

Can we form our diagnosis under these circumstances? There are only two points on which we can lay stress when only one side of the lung is at first affected, viz., high temperature, and finding how the physical signs progress in what appears to be the healthy lung. We had a case in the ward of a man with night sweats, signs of pneumonia in both lungs, commencing cough, and distinct appearance of tubercular attack. He improved so slowly that the idea of tubercle gained ground. But his temperature never went above 100° F., and after a time returned to its normal standard. This led me to believe, notwithstanding the severity of the case, that it was not phthisis. So it proved, the man thoroughly recovering. Therefore, in doubtful cases, sustained high temperature, or low, would turn the scale of evidence for or against phthisis. Again, if the case is one of phthisis, it will not be long before fine rales appear, crackling, and slight spots of consolidation in the other lung, thus justifying the diagnosis. Acute phthisis often occurs on both sides alike, synchronous with high fever and wasting. These symptoms are sufficiently diagnostic. These are unpleasant cases to get hold of, both on account of the impossibility of immediate diagnosis, and the unfavorable character of the prognosis if the affection be phthisis.

## Pleurisy and Effusion, associated with Limited Pneumonia.

William S., aged 38 years, a porter, was admitted into the hospital December 19th, 1872.

One of his brothers died of consumption. He has had chancres, but they were followed by no constitutional symptoms. He has been a pretty hard drinker for the last ten years. Naturally, he is a strong and healthy man. He was in the hospital last spring for a severe burn of the arms and face. He was taken with a deep cold three weeks ago, being out in the open air and wet with perspiration. His first symptoms were sharp pain in the side, cough, and a sensation of tightness in the chest. He kept on working until nine days ago, when he began to vomit his food. He was ordered, after admission, five grains of the iodide of potassium every four hours, and the right side of his chest to be painted with tincture of iodine. His urine was acid, s. g. 1024, contained no albumen. His temperature has not risen above 100° F., reaching that height on the 20th and going down to 99° F. the following day. Present examination shows that the upper part of the left lung is clear; so is the right, although its resonance is not so perfect. As we progress downward we find absolute dullness over the lower part of the right lung, beginning at the lower border of the fourth rib. Posteriorly, the apices of both lungs are clear, but the same absolute dullness is found at the lower portion of the right. Auscultation reveals harsh respiration at the upper part of the right lung, and as we pass downwards we hear fine friction sounds at the fourth rib. Lower than this there is absence of all breath sound—respiration being seemingly suspended. Posteriorly, at the upper part of the right lung, there is harsh breathing; at the inferior angle of the scapula respiration is heard, although faintly. Expiration is a little more distinct than anteriorly, and low down we hear some fine rales and an obscure breathing; we therefore perceive respiration lower down, and better, than anteriorly.

Posteriorly, the vocal vibrations are distinct at the middle of the lung. At the inferior angle of the scapula we have distinct ægophony. While I am speaking, from the vibrations of my own voice, I can redevelop some of these vibrations in the lung. I never noticed this physical sign so distinct before. As we pass down these sounds become much feebler. The left lung is healthy.

We have here, therefore, a case of pleurisy and effusion, associated with a certain amount of pneumonia. This man, moreover, has a temperature not above 100° F., and although some of the phenomena he presents are similar to those of the previous case, the temperature record helps us out in our diagnosis. The bleating voice, or ægophony, depends upon the vocal vibrations being transmitted through the thin layer of fluid between the ear and the lung.

The treatment has consisted in the use of iodine externally, and iodide of potassium and infusion of scaparius (broom) internally. He has also had an occasional Dover's powder at night, and his secretions have been kept freely going.

## MEDICAL SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[Reported by J. W. P. Bates, M. D.]

#### Typhoid Fever.

Dr. Lynch opened the discussion by enumerating the usual symptoms of the disease, as given by the best authors. He said, "As to the etiology, little, I might almost say absolutely nothing, is known; for, although under certain very favorable circumstances it *may* be propagated by infection, yet it is usually non-contagious. While anything that impairs innervation and nutrition, and depresses the vital forces, seems to act as predisposing cause, the disease appears to own no essential exciting cause. Although we may surround ourselves by the very worst hygienic conditions, accompanied by unwholesome or insufficient food, we cannot certainly produce typhoid fever; while on the contrary no salubrity of climate, abundance of wholesome food, good clothing, nor strictness in the observance of hygienic rules will shield us from its attack. That the disease originates in some impairment or perversion of function of the ganglionic nervous system, not connected with or dependent upon any pathological change in the nervous substance yet revealed by the microscope, is highly probable. That the only constant lesion discoverable is found in the organs supplied by that system, and that the extent and severity of this lesion bears no constant relation to the gravity of the disease, are some of the reasons which sustain this conclusion."

This disease varies greatly in severity. Sometimes it takes the life of the patient in a week; while at other times it runs so mild a course as scarcely to enforce a change of habits or cessation from ordinary light occupations. It varies also very greatly in its duration. Professor Bartlett places the limits at twelve and thirty days in those who recover, and seven and forty days in those who die. I have no doubt that many of you as well as I have seen recovery take place after the fortieth, fiftieth, or even the sixtieth day; and I confess to always feeling some doubt as to my diagnosis when the disease has terminated in recovery before the end of the second week.

The treatment, after the disease is fully established, may be summed up in two words, "*watch and wait.*" As there are no means known to us of shortening its duration by a single hour after the first few days, to moderate threatening symptoms by the mildest remedies, to place the patient in the best hygienic conditions, and to see that he is properly nourished, comprise the whole duty of the physician. As to the best means of moderating the various symptoms which threaten danger, there still exists much diversity. In my opinion the symptom most dangerous, and which destroys more patients probably than all others, is

diarrhœa; and to combat this with the least discomfort and injury to digestive functions, I have been in the habit of throwing far up the rectum from thirty to sixty grains of acetate of lead with four to six grains of powdered opium. This I have generally found sufficient to arrest the discharge for twenty-four hours, and frequently for several days. When these enemata fail I have invariably applied a blister over the abdomen from the region of the transverse colon downward, and, although blisters are now said to be obsolete, I still persist in their use, so well am I convinced by experience of their utility. To relieve delirium and watchfulness, full doses of opium, or morphia, with a moderate quantity of alcoholic stimulants, will generally be found quite efficient. Excessive heat should be controlled by frequent sponging with cold water, the application of ice to the surface, more effectually and permanently than either by the administration of moderate doses (grs. 2 to 4 every third hour) of quinine, or a single large dose (16 to 20 grs.) once or twice in the twenty-four hours. Alcoholic stimulants are useful here also in moderate quantity, as indeed in all stages of the disease, to arrest or moderate the retrograde metamorphosis of tissue upon which the morbid generation of heat depends. Great frequency of the pulse should be controlled by appropriate doses of veratrum viride or digitalis. The efficient and proper nourishment of the patient should receive constant attention. The pabulum furnished should be as nearly fluid as possible, and of that kind requiring the least possible amount of gastric juice for its digestion; and milk and eggs combine more of these conditions than any other alimentary substances. Vegetables should be prohibited, but certain vegetable juices will be found to be refreshing and invigorating. Beef tea, as a nourishment, is entirely useless, since it probably contains not a single particle of the protein substances upon which the nutritiousness of the beef depends. If, in order to satisfy the clamors of the patient's friends, we must give some daily or hourly doses, in the absence of any necessity for interference, small doses of chlorate of potassa, muriatic acid, or chlorine water, may be exhibited as the least hurtful.

In 1860 I commenced treating all fevers and especially those which I suspected to be typhoid, with large doses of quinine and opium. In the spring of 1860 this fever made its appearance on a plantation in Alabama, upon which there was collected about two hundred negroes. In about six weeks the planter had 35 cases among his best field hands, and he was threatened with the total loss of his crop. The gentleman asked me if there was no way to stop this disease or to shorten its duration. I told him that Dr. W. D. Fenner, of New Orleans, had proposed to cure the fever, if taken in the first week, by large doses of quinine and opium, but that I had no personal experience in that mode of treatment, and that I believed the opinion of the profession was

overwhelmingly against it; and as each one of my patients represented from twelve to fifteen hundred dollars cash to him, I did not feel at liberty to try any experiments. He begged me to try the plan on the next three or four that were attacked, and I consented to do so. To each patient, therefore, that came into the plantation hospital with fever after that, I gave gr. xx of quinine, and grs. ij, of opium night and morning, with some slight diaphoretic every third hour during the day. If at the end of twenty-four hours there was no abatement of the symptoms, I gave quinine grs. xxx, opium grs. iij, twice in the next twenty-four hours; and 35 grains at the same intervals in the next. I treated twenty-four fever patients in this way, and in only a single instance did I have to give the largest dose mentioned. All were cured in from 24 to 60 hours. But one of these patients was brought to the hospital within a week after his discharge, with symptoms of violent gastro-enteritis, of which he died in a few days. Since that time I have invariably treated all cases of continued fever upon this plan, and with invariable success except a single case which I saw in 1868, which had been going on for two weeks when I saw it, and which was characterized by a profuse diarrhœa, which carried him off in a few days. Upon this patient quinine and opium seemed to produce no effect, and this accorded with Dr. Fenner's opinion, that to be successful it was necessary that the treatment should be instituted within the first week; and that it would fail even then, if ulceration of Peyer's glands had occurred, which fact, he said, was indicated by meteorism and diarrhœa. Whether this treatment is equally successful in this climate or not I am unable to say, but to its entire success in the extreme Southern States many of the most intelligent physicians of that region can testify.

Dr. Erich. The treatment recommended by Dr. Lynch is new to me, and I cannot speak of its merits from experience. I do not think this disease is a very frequent one, except in the fall; and I have noticed that it seems to be confined to certain localities. When I came to inquire why it should exhibit these peculiarities I found that the persons affected had been accustomed to use pump water, and to the impure character of that water I attributed the disease. In the treatment I have found nitromuriatic acid of great use. I give it every two hours in water, and think that it improves digestion, and thus aids us in sustaining the strength of the patient. I also give cold water in small quantities frequently repeated, and believe by so doing we are not so likely to have sordes.

Dr. Arnold. Most of the cases I have seen have occurred in the fall, but I have not traced any of them to the use of pump water. Pathologists think that it is often developed by the impure gases from cesspools, and from decaying animal matter. Very likely it is produced by a low vegetable organism which runs

its course in a fixed time, and thus we can explain the self-limiting character of this disease. Large doses of quinine have been tried by Wunderlich, Binz and others, and the effects noted. They found that it reduced the temperature and the pulse, but did not shorten the duration of the disease. There are a large number of cases of febricula which resemble typhoid very much, but we are hardly justified in calling them so, as their course is short, and almost any kind of treatment will be successful. Some years ago Dr. Miltenberger used large doses of quinine with apparent success, but he found afterwards that it would not shorten the disease. The heat of the body and the frequency of the pulse are the signs by which we judge of the danger. We may not be able to remove the cause nor shorten the disease, but we may do much good by moderating the heat and reducing the pulse. It is desirable that thorough experiments should be made in hospitals, and I hope quinine may be found capable of mitigating these two symptoms. They are a reaction of the system against the poison, and the temperature will always be in proportion to the dosage of the materies morbi. The treatment should be cautious and mostly symptomatic. Water, regimen, nourishment, and stimulants according to circumstances fulfill the principal indications. The danger is from asthenia, and we should guard against it.

Dr. Evans. I cannot accept the quinine treatment. The diagnosis of typhoid is very difficult during the first week, and I do not think many men can be positive about it, and as this treatment of Dr. Lynch's, to be successful, must be used in the first few days after attack, I think it is by no means conclusive that the cases would have proved to be typhoid fever. Unless the thermometer can decide the question of diagnosis I know of nothing that can. I think the mistake is frequently made of calling certain forms of malarial fever typhoid. I consider ulceration of Peyer's glands essential to properly constitute a case of this disease. I should be afraid of quinine on account of the brain trouble, and should hesitate very long before I would give gr. xxx twice a day. I believe we should watch and wait, and be very cautious how we use our medicines. The diarrhoea I look upon as an effort of nature to rid the system of some offending poison, and had best be let alone unless it is very troublesome. I cannot accept Dr. Erich's theory that pump water is the cause of the disease. Our pumps are used all the year, and if they produce the disease why is it more prevalent in the fall?

Dr. Erich. Our pumps are used more in summer, because the water is much cooler than that drawn from the hydrant. The water is impure, because the cess-pools and privies go down to the water level, and a large part of the drainage from our yards and streets is emptied into the wells. If, at the depth of three or four feet you find water, as you can in many parts of the city, I think it fair to conclude that a

considerable portion of this surface water finds its way into our wells, which are thirty or forty feet deep. Artesian wells are the only ones from which we can obtain pure water.

Dr. Arnold. Another reason why this surface water should produce disease, mostly at one time of the year, is that low organisms are found in it which develop at certain seasons of the year. These organisms have been found in the discharge of patients, and in Dublin and Glasgow the disease has been traced to certain low localities which acted as foci for its diffusion.

Dr. Morfit. I cannot accept the germ theory in all its bearings. Scientific men differ so, that it is hard to tell which to believe. One learned gentleman tells us one thing, while another equally celebrated teaches directly opposite. Because these microscopic organisms are found in the discharges of typhoid fever patients, therefore they produce the disease, may be satisfactory to some, but with the same propriety we could say that the typhoid produced them. We see localities every day in which this disease ought to prevail, but it does not, while we see it in full force in other locations in which we would not expect it. If it were decided what the disease is, and its cause, there would not be so much tinkering in regard to its treatment. I saw the quinine treatment tried in a hospital in Memphis, and a large number of the cases died. I think Dr. Lynch's cases were partly malarial.

Dr. Arnold. We cannot arrive at any scientific law unless we act on hypotheses. All our medical laws have commenced in this way, and the more observers that unite in any one statement, the stronger it becomes, especially if they be men who have devoted time and research to the subject on which they speak. I have great faith in matters of science, and would distrust my own observations if I found them to conflict with any opinion in which the scientific observers were united, or where the weight of authority was against me.

Dr. Evans. I am governed by my own experience, and accept the opinions of learned men as landmarks only.

Dr. Morfit. Of course we are governed by authorities, but if we find two men equally great taking opposite sides, which is not unusual, we are in a dilemma to decide which is right.

Dr. Lynch. The quinine and opium treatment has never had a fair trial. It cannot be tested in hospitals, for the reason that the patients are not seen in the first stages. It was originated by Dr. Fenner, in 1851, and he distinctly said that to be useful it must be commenced early. I saw the late Professor Chew try it in the Lombard Street Infirmary. He selected four or five of the worst cases in the third or fourth week of the disease, with low delirium, dry and hard tongue, etc., and, of course, cured none; he admitted that they were not only not injured by the treatment, but were somewhat benefited, as it reduced the delirium

and restored the secretions to some extent. It is only in private practice and in epidemics that this treatment can be tested, and must be used in early stages. In regard to the thirty-five cases which I treated in the ordinary way, before I commenced using the quinine and opium, there could be no doubt about the diagnosis. In connection with these two remedies I used only the liq. ammon. acet. Fenner's treatment never has been tried in Europe. Quinine was only used as an antipyretic, and it was found to reduce the temperature and benefit the patient. I believe the animal matter which drains into wells is acknowledged to be an efficient cause of the disease. I honor the great men of our profession, but I am not willing to give up my own powers of observation at the bidding of any man, however eminent. It is but a short time since the profession escaped the domination of Broussais, and as I am not accustomed to swear, in the words of the master, I would rather be right with other men than to err with Galen. As I said in the beginning, I do not know how the quinine and opium treatment will succeed here, but I have no doubt whatever in regard to its usefulness in the South; and many intelligent physicians of that section can endorse my assertion.

#### PROCEEDINGS OF THE STATE MEDICAL SOCIETY OF VIRGINIA.

[Reported by Frederic Horner, M. D.]

The Second annual meeting of the Virginia Medical Association convened in the City Hall, in Staunton, on Tuesday, November 19th. The attendance was not large, on account of the great difficulties which members had experienced in getting to the railroad stations; the Epizooty having disabled all the horses. One member, Dr. Payne, of Fauquier, stated that he had walked twenty-five miles, from Harrisonburg to Staunton, to attend the meeting of the Society. About 7 o'clock Tuesday night the City Hall was filled with members, citizens, and ladies. Shortly after the City Council, headed by the Mayor, entered the hall, and one of their number, Hon. A. H. H. Stuart, deputed for the purpose, delivered an appropriate address of welcome. "We receive you, gentlemen, as the honored and enlightened representatives of one of the noblest and most beneficent professions which can employ the faculties of man, and extend to you a cordial welcome to our City of Mountains. The holy Evangelists inform us that when our Saviour was on earth, he vindicated his claim to divinity, not only by oral teachings of all the great truths essential to salvation, but by going about healing the sick, giving sight to the blind, and hearing to the deaf.

It is your Mission, as it was His, to alleviate the physical suffering of mankind; and I may add that, not unfrequently opportunities are afforded you to give spiritual consolation to the afflicted. I avail myself of this occasion to

tender to the medical profession the thanks of the public on the wonderful advance which has been made in the last century in the knowledge of the causes and nature of diseases, and the proper mode of treatment. It is no uncommon thing to hear the opinion expressed that the human race is on the decline. But such is not the fact; vital statistics have established beyond question, that the average duration of human life has increased probably thirty per cent. within two hundred years. This result is attributable in a large measure to the patient labor and skill of the medical profession, and it is impossible to foresee what results may be achieved by the same agencies in the future." Mr. Stuart's address was listened to with great attention.

The orator of the Society, Dr. Laudon B. Edwards, announced as his theme: "Medical Ignorance and Medical Reforms." He advocated the establishment by the Legislature of a Board of Medical Examiners, whose duty it should be to require proper moral qualifications as well as medical knowledge of those who would enter the profession of medicine.

An invitation was accepted to visit the Deaf, Dumb and Blind Institution and Hospital for the Insane.

An essay was read by Dr. Payne, of Fauquier, on the epidemic diseases of the Piedmont region of Virginia, from 1846 to 1872 inclusive; one by Dr. I. H. Claiborne, on diphtheria; one by Dr. Thomas I. Atkinson, of Nottoway, on the physiological difference between the white and black races; one by Dr. Apperson, of Smyth county, on pelvic abscess; one by Dr. Gray, on the hypodermic use of sulphate of strychnine as an optic nerve stimulant; one by F. D. Cunningham, of Richmond, on the affections of the eye; and among others, one by Professor I. L. Cabell, of the University of Virginia, urging the Legislature to make an appropriation to carry out the objects for which the State Board of Health was created. Professor Cabell, so celebrated as a teacher of Comparative Anatomy, is chairman of the Board of Health. In the course of his remarks he quoted a clause from the law establishing a State Board of Health, which makes it the duty of this Board "to examine into and report what, in their best judgment, is the effects of the use of intoxicating liquor as a beverage upon the industry, happiness, health and lives of the citizens of the State, and also what legislation, if any, is necessary in the premises. He referred at some length to the investigations of the Massachusetts Board of Health on this very question, and cited several of their conclusions, the leading feature of which is that the love of some kind of stimulants is one of the strongest of human instincts, which cannot be annihilated, but "may be regulated by reason, by conscience, by education, or by law, when it encroaches on the rights of others." He further advocated the passage of a law "to restrain the sale of intoxicating liquors to be drunk when sold."

The officers elected by the Society for the ensuing year were Dr. Harvey Black, President. Drs. A. S. Payne, H. Latham, R. K. Burgess, I. H. Claiborne, S. Kennerly, and O. Fairfax, Vice Presidents.

After partaking of a sumptuous supper given by the Medical Association of Augusta

county, at the American Hotel, the Society adjourned.

Norfolk was selected as the place for the next annual meeting, and the evening of the second Tuesday in November, 1873, as the time.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Muscular Tremors, in their Relation to Lead-Poisoning.

Dr. W. A. HOLLIS, Medical Registrar and Casualty-Physician in St. Bartholomew's Hospital, says, in the *British Medical Journal*:-

In several cases of suspected lead-poisoning, I have noticed the presence of considerable muscular tremor. This tremor may or may not be associated with distinct symptoms of saturnine paralysis; and it usually affects, in the first instance, the muscles of the forearms, subsequently the muscles of the face, and in one case (that of an oil-cloth printer) it attacked the muscles of the trunk and lower extremities generally, simulating in its severity well-marked mercurial tremor. In a former number of this journal (February 10th, 1872), I noticed the case of a brass-finisher, who, with other well-marked symptoms of lead-poisoning, had both paralysis of the extensors of the forearms and considerable muscular tremor of those extremities; and in a previous volume (July 1st, 1871), I also recorded the case of a looking-glass silverer, wherein there appeared to me to be poisoning by both lead and mercury conjointly. In this patient there was great muscular tremor. I have since had the opportunity of comparing several other cases of lead-poisoning, and I conclude from them that the mode by which the lead obtains access to the system operates greatly to determine the character of the subsequent symptoms. A comparison of the cases which I had recorded in my notes showed that occupations involving the use of the metal or its combinations in a heated condition greatly favor the early production of muscular tremor in association with symptoms of lead-poisoning; whilst, on the other hand, employments in which the metal is used in a cold state are far less frequently the cause of this peculiar symptom in the workmen, although they may be affected with saturnine colic, or even paralysis. In the case of the oil-cloth printer before mentioned, the tremor was especially severe at night-time, and was associated with the distinctive blue-gum-line and frequent at-

tacks of colic. I have observed this tremor, with other well-marked symptoms of lead-poisoning, in brass-founders and finishers, type-founders, looking-glass silverers (although in these cases possibly the mercury employed may complicate the symptoms), and lead-pipe makers, all of whom employ the metal in a heated state. I have occasionally, although rarely, found white-lead workers, engine-fitters and plumbers, affected with the tremor, but painters are generally exempt.

As regards white-lead workers, I find, upon inquiry, that persons employed in such factories are necessarily exposed to considerable heat for hours together. In the case of plumbers and gas-pipe-fitters, although their occupation does not necessarily involve a prolonged stay in an apartment containing the heated metal, yet they are frequently brought more or less closely into contact with it in a hot state. With regard to gas-fitters, I have notes of one man who had well-marked muscular tremors, with colic and constipation, without, however, a distinct blue-gum-line, although the gums were spongy. This man was accustomed to apply his mouth to the lead and other metal pipes, and, by an inspiratory effort, to test the joints after the process of soldering. I think this last case supplies a clue to the explanation of the appearance of muscular tremors in the others. From it I conclude that heat is not a necessary, although a frequent, factor in the production of saturnine tremor, as it is unlikely that the tremaulousness of the muscles in this case was induced to any great extent by the heated solder. Heat probably aids the rapid production of lead-poisoning in persons engaged in the above-mentioned occupations, by permitting the aspiration of the metal or its compounds in the form of a vapor. We can readily imagine, if this conjecture be correct, that the action of a poison, when it obtains access to the body by means of the great mucous surface of the respiratory system, should be more rapid and general than when it is conveyed in small quantities through the integument of the extremities, especially (as is the case with lead) when the poison is essentially slow and local in its operation on the system.

## Death During Criminal Abortion.

The following case is reported in the *Journal of the Gynecological Society*:—

Four days since Dr. Ross had been called to see a lady who was supposed to be in a fit, and found her dead. She had suddenly fallen lifeless upon the floor; at her side there was lying a Davidson Syringe, with the male tube on; this tube was of hard rubber, and had been broken by the fall. There was also on the floor a smaller hard rubber syringe with its piston broken. They were both of them perfectly dry, and as the patient was pregnant, they had therefore evidently been employed for detaching the foetal membranes from the uterine walls by the injection of air. The probabilities were that an attempt to employ the smaller syringe had first been made, and that upon this having become broken, the larger one had been employed, with the result of instantaneous death.

An autopsy had been made upon the following day. The uterus was found to contain a foetus of some five or six weeks. This was now also shown to the Society, the membranes being still unruptured. These had been detached from the uterus at several points previous to the examination being made. This had evidently been from the effect of the fatal measures that had been resorted to. There could be no doubt that it had been performed by the woman herself.

Dr. Warner remarked that this was the second case of death from the introduction of air into the uterus with a criminal intent that had come to his notice. The other had occurred at St. Louis.

Dr. Ross was aware of but one other case, that reported several years ago by Dr. Hitchcock, of Michigan.\* He would like to know what was probably the exact cause of death in the present case.

Dr. Blake thought there could be no doubt that it was from the introduction of air into the uterine sinuses.

Dr. Storer stated that in the early months of pregnancy this explanation was by no means necessarily the correct one. Unless the placental portion of the ovum was detached, there would be no vessels of any size opened into which air could thus be forced. It would be recollected that the Society had discussed this question at some length on a former occasion. There were several possible causes of instantaneous death under the circumstances that had existed, and it required no little discrimination to distinguish between them.

Dr. Field asked Dr. Ross if an examination had been made of other organs besides those of the pelvis.

Dr. Ross replied that there had been. Especial attention had been paid to the condition of the heart. Embolism did not seem to have existed; indeed, there had not been time for it to occur before death took place.

\* Transactions of the Am. Medical Association, 1864, vol. xv., p. 84.

Dr. Field asked how it were possible, even granting that it had been the cause of death, for a bubble of air so instantaneously to stop the action of the heart.

Dr. Storer replied that of course there must have occurred either spasm or paralysis of a portion of the heart. Arguments had been adduced in favor of both these views, and he doubted if the question had as yet been definitely settled.

## Electricity a Means of Detecting Death.

Dr. ROSENTHAL, of Vienna, reports in the *Wiener Med. Presse* a number of cases, and also a series of experiments upon animals, which illustrate the important aid afforded by electricity in furnishing a tolerably certain test for determining death. This sign is the contractility of the muscles in response to the application of the electric stimulus. By the aid of this test, it is affirmed that the diagnosis is rendered easy in cases of suspended animation, arising from apoplexy, suffocation, drowning, etc. It will be found also of practical utility, it is thought, upon the battle field, and in time of extensive epidemics, when the danger of infection necessitates the speedy burial of the dead. Among the cases quoted is that of a hysterical young woman, aged twenty-four, who had lain for thirty-two hours, evincing during this time most of the ordinary signs of death. Some suspicions having been aroused, however, as to her actual condition, to settle all doubts, it was decided to summon Dr. Rosenthal. He found, upon his arrival, that the face as well as the entire surface of the body, exhibited the marble pallor peculiar to the corpse, while the skin was everywhere cool to the touch. Upon raising the eyelids, both the pupils were found to be equally contracted, and showed no appreciable reaction to the influence of light. The upper and lower extremities were relaxed, and when raised, fell like any dead weight. No pulsation of the heart was perceptible to the touch, nor of the radial arteries at the wrist. Upon applying the stethoscope to the heart, however, the room being perfectly quiet, he was able to make out a suppressed, intermittent beat. The thorax, when uncovered, was found to be motionless, but upon carefully watching the abdomen, an exceedingly weak and slow motion could be detected in the lateral walls. The ordinary respiratory murmur was not heard. Dr. Rosenthal now applied his proposed test, and found that the various muscles responded readily to a feeble excitation, so that he was able to give the assurance that the case was one of suspended animation. In accordance with his directions, therefore, heat was applied to the body, and vigorous friction maintained, the result of which was, that at the end of forty-eight hours the woman gradually recovered the power of speech and motion. She stated that during the first part of her

lethargy she was perfectly unconscious, but afterwards overheard distinctly the remarks of those about her, with regard to her death, without the power, however, of being able to make any motion, or emit the least sound.

#### Tetanus and its Treatment.

Mr. C. Macnamara, Surgeon to the Native and Ophthalmic Hospitals, Calcutta, writes to the (London) *Practitioner* :—

In June, 1871, I adopted a plan of treatment in tetanus which I have since consistently followed, both in hospital and private practice. It consists in administering forty grains of hydrate of chloral (to an adult) at bedtime, and in severe cases of the disease—the temperature of the body rising to upwards of 101°—an additional thirty grains of chloral is given at mid-day. The patient is made to swallow regularly every four hours about four ounces of milk, one egg being mixed with the milk, morning, noon, and evening; if the pulse indicates considerable weakness, beef-tea and brandy are substituted for the milk, but it is seldom necessary to administer food of this description. Milk and eggs, with arrow-root as the patient improves, is the diet which I almost uniformly order, it may be for twenty or twenty-five consecutive days. However serious the case may have seemed to be, a plan of treatment such as that described has been rigidly adhered to, the urgency of the symptoms not causing us to deviate from our attempts to procure the patient a sufficiency of food and sleep, and thus help him to live through the disease. By pursuing a plan of this kind I came to learn that tetanus (among the natives of this part of India) is by no means so formidable a complaint as it was generally supposed to be; it has undoubtedly a tendency, as we have long known, to run a course of some twenty or twenty-five days; and further, if we can only carry our patient through the first ten days of his illness, as a rule, a very favorable prognosis may be given of his recovery.

Of the twenty cases of tetanus above referred to, no less than seventeen have recovered under this treatment, an unprecedented result, I believe, in the annals of the disease. These twenty cases were not picked; they were taken one after the other as they came into my wards, and constituted the entire number of patients, from June 1871 to June 1872, suffering from the disease in the Calcutta Native Hospital; some of them seemed in a desperate state when first admitted under my care. I still think that chloral has no power in diminishing the severity of the fits in tetanus, but it doubtless renders them less frequent, affording the patient rest and time to sleep; and this, together with a diet such as above noticed, has brought about the remarkable result of seventeen instances of recovery out of twenty cases of tetanus.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Two little works on "Responsibility" may very well be read together. The first is Dr. RUSSELL REYNOLDS on the *Scientific value of the Tests of Insanity* (Churchills). The second is Mr. BALFOUR BROWNE, of the Middle Temple, and entitled *Responsibility and Disease* (Baillière). Dr. Reynolds takes a Medical, while Dr. Browne leans a little to the legal view. His essay first appeared in the *Law Review*, and was thence copied into various legal publications. Medical men may read it with profit.

—The *Medical Press and Circular* (London), says of Dr. PEASLEE's work on *Ovarian Tumors*, recently reviewed in the *REPORTER*: "Here is a volume upon which our American brethren may plume themselves. We have never been among those who affect to neglect the literature that comes from the States; but it must be admitted that we confer more on them than they on us. When we meet with so original, painstaking, and practical a work as this, we feel encouraged to look forward with pleasure to the emulation of American Medical literature."

—At the annual meeting of the Academy of Sciences in Paris, on November 25th, the following prizes were awarded. For 1870: *Breant Prize*: a recompense of 5000 francs to M. CHAUVEAU, for his "Researches on Virus." *Montyon Prize*: 2500 francs to M. Gréhan, for his "Physiological and Medical Researches on Human Respiration;" a like sum to M. Blondlot, of Nancy, for a series of memoirs on debated questions in medicine, toxicological chemistry, and physiology; and honorable mention, with 1500 francs, to M. Berenger-Féraud, for his "Treatise on Direct Immobilization of the Fragments in Fracture;" the same to M. Duclaut for an account of three cases of Vesico-vaginal Fistula treated successfully; and also to M. Léon Collin, for his *Treatise on Intermittent Fever*. The *Godard Prize* was awarded to M. Jacques Joly for his essay on Cancer of the Prostate.

—Among the various foreign prize essays on medical matters, we may mention that the Riberi triennial prize of 20,000 lire (\$4000) has been awarded to Dr. GIUSEPPE CORRADI, director of the surgical clinic at Florence, for four works on the Diseases of the Genito-Urinary Organs, three of which are as yet unpublished.

—It appears the Chinese employed anæsthesia long ago. In a biographical notice of Hoa-tho, who flourished under the dynasty of Wei, between the years 220 and 230 of our era, it is stated that he gave the sick a preparation of cannabis (*Ma-yo*), who in a few moments became as insensible as one plunged in drunkenness or deprived of life; then, according to the case, he made incisions, amputations, and the like. After a certain number of days, the patient found himself re-established, without having experienced during the operation the slightest pain. It appears from the biography of Han that this cannabis was prepared by boiling and distillation.

#### BOOK NOTICES.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M. D., London, F. R. C. P. etc. Second American, from the third London Edition, revised and enlarged, with one hundred and thirty-two illustrations. Philadelphia, Lindsay & Blakiston, 1872. 1 vol. 8vo, pp. 751. Price, Cloth, \$5.00; Sheep, \$6.00.

Dr. HEWITT's work has met, both in this country and in England, with a well-deserved success. One of the most eminent clinical teachers of London, he has a happy faculty of putting the fruit of his study and wide observation lucidly before his reader.

The present edition of his work is quite different from previous ones. Emboldened, he tells us, by wider experience, he does not hesitate to "enunciate a system" regarding uterine pathology. This is the so-called "mechanical" system. To explain it in his own words (page 32): "The conclusion has forced itself upon me that the changes in the shape and position of the uterus, but especially in the shape of the

organ are almost invariably responsible, in one way or another, for the sufferings of the patients who are the subjects of them. And, further, the conclusion no less inevitable, that the restoration of the proper shape of the uterus is the means of removing these sufferings."

These views are substantiated by ample details of cases, and, as we might expect, by a very thorough rehearsal of the various flexions, fallings, and abnormal developments of the uterus. Previous to the chapters on these topics, however, several are given on the methods of examining the uterus, on the diagnosis of tumors, pelvic and abdominal, and on the signs of pregnancy. The functional diseases, amenorrhœa, dysmenorrhœa, menorrhagia, etc., are then described. Many original observations in reference to nervous disorders referable to the uterus are given, and leucorrhœa and similar non-sanguineous discharges are described in their correct pathological connection. Tumors of uterus and ovaries, benign and malignant, are discussed at length, and very minute directions for diagnosis and treatment added. Diseases of the vagina, vulva, urethra and bladder occupy several chapters. Finally the causes of sterility in the woman are examined and the various indications explained. The whole ground of diseases peculiar to women is thus gone over.

The book is well illustrated, most of the engravings being original, while the printing and paper are altogether satisfactory.

Transactions of the Wisconsin State Medical Society, for the year 1872. Volume VI. pp. 169.

Some thirty-five different articles are contained in this volume, many of them on topics of broad interest. We may specify one on necrosis, by Dr. N. SENN; several on cerebro-spinal meningitis (which attracted much attention in the State last year), by Drs. P. FOX, G. F. WITTER and JOHN CONANT; on chloral hydrate, by Drs. J. J. BROWN and R. M. WIGGINTON; cases of ovariectomy, by Dr. D. C. DAVIES; of paracentesis thoracis, by Dr. J. C. DAVIS; of uterine hemorrhage and cardiac degeneration, by Dr. J. L. BRENTON; on iritis, by Dr. E. W. BARTLETT; on small-pox, by Dr. S. A. FERRIN, etc.

Our thanks for the volume are tendered to the Secretary, Dr. J. T. REEVE.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 18, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

### REPORT OF THE SURGEON GENERAL, UNITED STATES NAVY.

The Report by Dr. J. C. PALMER, Surgeon General United States Navy, for the year ending June 30, 1872, gives as usual a careful record of the health of the naval corps during the year.

At the close of the year 1870 there remained under treatment 500 cases; during the year 1871 there occurred 14,204 cases of disease, injury, etc., making a total of 14,704 cases treated during the year; of which number 135 died, 14,039 were returned to duty or discharged the service, leaving 516 cases under treatment at the close of the year 1871.

The average strength of the Navy (officers, seamen, marines, engineer service, and Coast Survey, included) for the year 1871, as near as can be ascertained, was about 11,819.

The proportion of cases admitted to the whole number of persons in the service was about 1.02, or each person was on the sick list,  $1\frac{2}{100}$  times during the year. The proportion of deaths to the whole number in the service was .01, and the percentage of deaths to the whole number of cases was .099, or less than 1 per cent.

The total number of deaths from all causes, as reported at the Navy Department, from October 1, 1871, to September 30, 1872, was 185.

A very interesting and generally important part of the Report is a description by Dr. EDWARD SHIPPEN, Medical Inspector, United States Navy, of the Medical School at Netley, England, which is organized directly under the Secretary of State for War, for the purpose of qualifying naval medical officers. It represents a most admirable institution, and Dr. JAMES C. PALMER warmly advocates the erection of a similar school in this country. He says;

"The necessity for this is practically acknowledged and liberally provided for, almost to the reproach of this great nation, by foreign governments. We have official reports of those elaborate designs and developments. We are shamed by them. We are reminded that *noblesse oblige*, and that the very grandeur of our country, and the pride of every citizen in it, demand at least as much cultivation in our officers as we familiarly find abroad. Every American traveling in Europe, and hailing, as we always do, the flag that represents our country, feels keenly there, what strikes him less forcibly at home, any exhibition of deficiency in his native officers. His pride revolts at the unavoidable and disadvantageous contrasts he is forced to acknowledge; so that it is familiar with us to say that if we could only once take some of our leading statesmen on a cruise, there would no longer be any difficulty in encouraging our ambition at least to equal, if difficult to excel, other nations. At home, even, we have the high example of the Army, with its brilliant museum, and constantly increasing volumes of inestimable results of experience in war. The country is equally entitled to the literary and scientific labors of the Navy; and its officers of all grades are eager to render them.

This Bureau is now engaged in collecting and preparing for publication all cases of pathological interest, hidden away for years, and almost lost in its archives; but we want the nucleus for a training school, as at Netley; we want a place of deposit for marine collections by our own officers. We require candidates, and it is very hard to get such,

to be versed in the *principia* of their profession; but when once obtained, we, like other countries, must encourage and instruct them; and this it is impossible to do without such means as are adopted and in use abroad, to the great pride and advantage of other nations, and the continual, mortifying rebuke to our own. I have invited only a glance into this vast field of public research, and merely hinted at defects so familiar to all naval officers abroad. It would seem impossible that such an appeal for the means of only enjoying what we already have, should not secure the sympathy of Congress. To save the life of one patriotic sailor, or even an unnecessary pang from wounds incurred in battle, and capable at least of amelioration by superior science and skill, would far outweigh all considerations of money-saving, even in a sordid individual; how much more should they stir the public pulse, as it throbbed in our immortal sanitary commission, and is revived at every annual visit to the graves of our dead, anticipating national sympathy for those still ready to die.

To accomplish these ends, I propose the appropriation of \$15,000 as the commencement of a school of instruction for medical officers preparing for promotion, and as a receptacle for marine specimens in natural history voluntarily contributed; a library; a lecture-room, with naval officers for teachers; a microscopical apparatus, and various other appliances in familiar use everywhere except in our own land.

It is sincerely to be hoped that this very reasonable appropriation will at once be made, and we bespeak for this laudable undertaking the sympathy and assistance of the profession throughout the country.

The interests of science, quite as much as the proficiency of the medical staff of the navy, will be benefited by such an institution, and all should and doubtless will concur in the views so ably expressed by Surgeon General PALMER.

#### ON FANCY DRINKS.

The enormous sales of certain "Bitters," "Cordials," and "Liqueurs," of late years, have vastly stimulated the traffic in these pernicious commodities, and led to all kinds of frauds in their preparation. It is by no

means the case, as is often supposed, that the chief, if not the sole, injurious agent they contain is the alcohol. That is bad enough, but there are many other and more subtle poisons which enter into their composition.

Take absinthe, for instance, a liquor which the traveled tastes of many Americans has now rendered a standard compound at our fashionable bars.

The evil consequences of the prevalent use of this by the French people has long attracted the attention of the Government. Some time ago a Commissioner was appointed to inquire into the matter, and they have recently sent in the report to the Pharmaceutical Society, in which, after reviewing all of the methods employed in the manufacture of absinthe, and the great loss of life entailed by its use in France and the colonies, they recommend that this article be included under the list of poisons, and its sale be interdicted, excepting by pharmacists, on prescription of a physician. They think its sale should be visited with heavy penalties, and that every effort should be made to break up the indulgence in an article possessing such poisonous properties.

Its effects upon the health, and especially upon the brain, are of the most deleterious character. In Cayenne, New Caledonia, and other French colonies, its consumption is very great. There the colonists drink it undiluted in excessive quantities, and the consequence has been a frightful increase in the rates of mortality. As a means of sure and speedy suicide, absinthe is scarcely excelled by strychnia.

The use of any such beverages, in a hygienic point of view, requires, in our opinion, considerable circumspection; more, in fact, than is usually accorded by the public. It is indeed extraordinary with what facility men purchase productions of the origin and composition of which they know little or nothing. In these days, when fraud and counterfeited are so general and

permanent, the public has too often the name only without the reality.

In order that a liquor be good, every kind of fixed oil must be eliminated from its perfume.

Hence, the practitioner should always choose those distilled with rectified wine or corn alcohols, and the ingredient plants, flowers, fruits, etc., which ought to compose such preparations. The perfume is, in general, obtained by means of an apparatus called an alembic, of which there are several kinds. Frequently, moreover, the same perfume ought to be distilled several times in order to obtain a first-class result. This process is termed *rectification*. Now since each distillation involves a loss, it is easily conceivable that the price of a good liquor will be high, especially as its age increases, because it thereby acquires a mellowness and development of bouquet which are held in high estimation by connoisseurs and "*gourmets*."

The best liquors are not handed over to commerce until the expiration of a year, and, sometimes, two years from their manufacture.

Adulterated liquors, compounded with *essences*, are generally discoverable by their want of limpidity, and by a greasy matter contained in essences, called fixed oil, which, separating itself from the liquid, rises to the surface, and becoming tainted by its contact with the air between the cork and the liquid, communicates to the whole a most disagreeable taste.

Of medicinal liquors, Curaçoa is most frequently used in this country as a flavoring material for medicinal preparations.

The Curaçoa of Holland owes its reputation, not to Dutch soil, but to the quality of the orange peel which the manufacturers make use of, and which is termed Curaçoa peel, from the place whence it comes, viz., the island of Curaçoa, in South America. This peel is found in commerce to be of upwards of fifty sorts or qualities.

The numerous abominations invented un-

der the name of "fancy drinks," in order to conceal the naturally nauseous flavor of the fixed oils in inferior alcoholic products, are responsible for most of the drunkenness and disease of the day. The unenviable celebrity which our country has obtained in their manufacture is not in the least to its credit.

## NOTES AND COMMENTS.

### An Abuse that Ought to be Disclaimed and Suppressed.

An Atchison, Kansas, paper now before us contains a long quack advertisement of the grossest kind, adorned with a picture of a nude woman about to be devoured by a dragon, strongly suggestive, to be sure, of a certain class of "womb doctors." It is a kind of advertisement that ought to be classed with "obscene literature" and refused transmission through the United States mails. But appended to it, as recommending the stuff advertised, we find an array of respectable names that astonishes us. If these names are fraudulently used, ought not the proprietor to be proceeded against? Among those that are claimed to recommend this charlatan's remedy, we find most of the prominent physicians of St. Louis and other Western cities, such as Drs. L. C. Boisliniere, Drake, McDowell, E. A. Clark, J. C. Whitehill, and others of St. Louis; J. V. Z. Blaney and others of Chicago, etc. It cannot, of course, be possible that these gentlemen have allowed their names to be used. Is there no legal remedy against such an abuse?

### How Others See Us.

Mr. FRANK UNDERHILL, M. R. C. S., of England, has been traveling through the "States" and "takking notes" on American Medical Institutions, which he has "prented" in the *British Medical Journal*. This is what he says of some Philadelphia institutions:—

"The Jefferson College was first incorporated as a separate institution in 1838. The regulations and fees are the same as those of the University, the course of instruction also being nearly identical. The building contains a good theatre, dissecting-room, and museum, with wards fitted up for those operated upon at the surgical clinics. The

session 1869-70 was attended by 435 students, 160 of whom received a diploma. The Faculty is, I believe, the best in America, containing the names of Gross, Pancoast, Wallace, Meigs, and Da Costa. The clinics, at many of which I was fortunate enough to be present, are unusually good.

"The University was founded in 1749, and is, therefore one of the oldest in the States. The College Museum, founded a hundred years ago, is one of the best in the States, and contains a large number of morbid specimens, most of which are used in illustrating the lectures. A cabinet, collected by Dr. Wood, contains an excellent series of drawings and wax models, illustrating the various diseases of the skin and internal organs. Owing, however, to want of proper accommodation and light, and consequent crowding, much of interest is lost to the visitor."

The Women's Medical College and the Dental Colleges are also spoken of in high terms.

#### Bromine in Diphtheritic Inflammations.

In the *Wiener Medizin. Wochenschrift*, Dr. Schütz recommended the inhalation, in croup and diphtheria, of a solution of three *decigrammes* each of bromine and bromide of potassium in 150 *grammes* of distilled water. Dr. Gottwald, in the *Deutsche Klinik*, states that he has tried this plan of treatment in eighteen cases of diphtheria, and two of croup, in the Charité Hospital in Berlin. In the cases of croup, the result was remarkably favorable. The cases of diphtheria were all attended with extensive ulceration; and all were either secondary or accompanied with high fever and much constitutional disturbance. Of the eighteen cases, four ended in death. In cases of angina and diphtheritic stomatitis, the solution was applied by a brush as well as inhaled. This plan, in small and weakly children, has the advantage of removing the masses of mucus and pus. Chloride of zinc was also applied as a caustic. The results of the treatment were very encouraging. The bromized solution of the bromide of potassium (1 part of each in 400) was also applied to sixty lying-in women who suffered from diphtheritic ulceration of the vagina and diphtheritic endometritis. The solution was thrown into the uterus three or four times daily by means of a Braun's syringe, on a double-current catheter; and into the

vagina by means of an ordinary syringe, generally every three hours. In cases of ulceration of the vaginal entrance, linen compresses wetted with the solution were applied, and frequently renewed. If pyæmia has not already set in, the results of this treatment were most favorable. Dr. Gottwald regards the bromized solution of bromide of potassium as a valuable antiseptic, not only in the cases above referred to, but in the dressing of diphtheric wounds and sores in surgery.

#### Syphilization at its Home.

A letter written by Mr. H. S. TAYLOR to the *British Medical Journal* contains the following interesting paragraph:—

In the Royal Hospital, at Christiania, I had the good fortune to find Dr. W. Boeck going round, who took the trouble to explain to me, in my own language, the nature of the more important cases under his care. The practice of syphilization, which has had so zealous an advocate in that distinguished physician, is still pursued by him exclusively in all forms of constitutional syphilis, and was being carried out in a great number of the cases before me, and, as I was told, with unvarying success. His plan is to inoculate the patient in the first instance with virus from a fresh sore, and then to continue the inoculation every third day with discharge from the sores thus artificially produced, until it ceases to have any effect, when the cure is considered complete, the constitutional symptoms having disappeared *pari passu*. The parts selected for inoculation are the chest and abdomen, and the operation is performed with a large lancet, which, after being charged with the virus, is placed vertically with its point on the skin, and twirled round so as just to penetrate the cuticle; the point is then wiped on the puncture. As two or three punctures are made every time, and as the treatment may extend over a period of several months, it follows that the patient's trunk is sometimes diapered all over with cicatrices, as happened in more than one instance among those in the hospital. In one man the resulting sores had an ugly aspect from phagadenic ulceration, but in the great majority no undue action had followed, and the constitutional symptoms had certainly declined or disappeared altogether, whether from the influence of syphilization, or from the natural cure effected by time, it

would be hard to decide. As no other treatment, local or general, is allowed, except the light application of nitrate of silver to ulcers, the inoculation plan is credited with the cures. Notwithstanding this apparent success of syphilization in Dr. Boeck's hands, it is not practiced by any of his colleagues in the hospital, nor by the profession in general. The objection I heard made to it was that it was "too cruel."

#### Importance of Examining for Stricture in Anal Fistule.

The following extract from a clinic of Mr. HENRY SMITH, of London, published in the *British Medical Journal*, contains a valuable suggestion:—The patient exhibited the most deplorable condition of the rectum, the buttocks being riddled with fistulæ, open and healed up. Five distinct fistulæ opened on the left buttock and three on the right, and a number had spontaneously healed up. They all opened into, or nearly into, the rectum at and above the stricture. The patient was a soldier, in excellent health otherwise, strong and robust, and he had been twice operated upon by qualified surgeons; but they and the physicians who had seen him had failed to detect the stricture. It was just beyond the reach of the finger, and was therefore overlooked. Mr. Smith demonstrated the stricture by introducing a No. 10 catheter, which could only pass up with difficulty; under chloroform it passed easily, but no more. When the stricture was freely divided, a No. 1 rectal bougie passed up readily six inches. Mr. Smith then freely divided the fistulæ also, although some of them opened fully two inches from the anus, making long cuts into the bowel and laying the anus quite open. The remains of former operations, in the shape of thickened skin about the anus, he then removed with scissors; and, after stuffing with sponges and padding, the man was removed. The operator remarked that when stricture exists with fistulæ, it is quite impossible to cure the latter without dividing the former. So long as the stricture exists, so long will the fistulæ open on the buttock; and the stricture should in every case be looked upon as the primary disease. In some few cases a necrosed coccyx or sacrum is the cause of the fistulæ, and requires primary attention; but generally it is stricture. Mr. Smith also noticed the precise parallel between fistulous open-

ings in the perineum and stricture of the urethra, and such cases as he had just operated on.

#### On the Employment of the Bromides in the Treatment of Nervous Diseases.

At a meeting of the *Societe Medico-psychologique*, this subject was discussed. Dr. LEGRAND DU SAULLE did not consider the intensity of the eruptional acme an indication of the favorable action of the drug. In some very fortunate cases, however, he had not seen any eruption; besides, at an advanced age, the eruption due to the action of the bromide scarcely appears, or is altogether wanting, whilst, nevertheless, the convulsive disease improves in a very marked manner. The principal objections which he makes against the use of the bromides are the air of silly satisfaction which many patients present, slight stupor and drowsiness, slight disassociation of ideas and words, the difficulty in writing, the changes which appear in the body of the writing, and the unfortunate and unconscious facility of writing one word for another, as is done by some aphasiacs. The drug also acts as an aphrodisiac, and produces a most troublesome form of acne; foetor of the breath has also been produced, but this may be avoided by giving the salt in an enema. The speaker noticed other matters in connection with the use of this drug, praising it especially as a hypnotic, but it is unnecessary to notice the subject further.

#### Anglo-Saxon Degeneracy.

Those who, like our respected contemporaries Drs. N. ALLEN and others, believe the Americans are degenerating, can find some sympathy in their misery from Professor KINGSLEY: He bewails the progressive degeneracy of the British race, which he declares himself to have observed within the last thirty-five years. He ascribes this alleged degeneracy (which we venture to doubt) to two causes: the rapid increase of the population at the beginning of this century, following closely upon the long French wars, in which the "fittest to live" had been killed, while the weakest or "fittest to die" were left to become fathers of the next generation. He ascribes a large, and perhaps juster, part to the unhealthy dwellings and crowded cities in which the majority of the people pass their lives, and to their sedentary occupations.

## The "Plea of Insanity."

A case recently occurred in Massachusetts in which application was made to the Court for the discharge of a person from a hospital for the insane, who had been committed to that institution after having committed murder in a fit of "temporary insanity." Instead of doing that, however, the judge handed him over to the civil authorities to be tried on a *sane* basis. We venture to say that the "plea of insanity" would not often be put in with such a prospect before the murderer. Certainly something should be done to rid us of the abuses attendant on this plea.

## Transfusion of Blood.

The *Bordeaux Medical* has on this subject the following note. Our readers are aware of the discovery of two *savants* of Lyons; the separation and preservation of the hematosine of the blood. One foresees already the possible realization of the eternal problem of the transfusion of blood. Professor LORENZI, of Florence, at the Hospital della Consolazione, has made a trial on two patients which completely succeeded. A young surgeon, a hospital wardsman, furnished the necessary blood.

## Colored Light and Vegetation.

Mr. BERT states the following facts with reference to the influence of various colors on vegetation. 1. Green is almost as fatal to vegetation as darkness. 2. Red is also deleterious, but in a less degree. 3. Yellow, though less injurious than the others, is more so than blue. 4. All colors taken separately are bad for plants; their union in the proportions constituting white light is necessary for vegetable health.

## CORRESPONDENCE.

Remarks Suggested by an Essay on Scarlet Fever.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER, of December 21st, Dr. Stull has most commendably reported a few cases of scarlet fever, in the treatment of which he made his first trial of the ice treatment, and, I am happy to learn, thinks well of it as one of the means of combating that formidable affection, though his success was not great. From the candid and fair statement of Dr. Stull, and his evident intention to fairly test, in a fatal epidemic, a means of cure which he had not before used,

I incline to the opinion that he had either not carefully read, or did not remember in what conditions, in what form, and with what objects the cold should be used. As I can, by making his cases the basis of my remarks, impress on the minds of your readers the proper application of the means to be used in just such cases as his, I beg you to give me brief space for that purpose.

In case 1, in which "a child of thirteen months old was burning with fever, and with a throat so swollen that she swallowed with difficulty," no more of the ice treatment was adopted than simply the "use of cloths dipped in cold water, applied to the outside of the neck and changed every ten minutes." This application followed the application of hot poultices, which were removed by request of Dr. Stull, and was again, next day, removed by the attending physician, that the poultice might take its place; so the trial of the cold water—notice—was not much in the case. I have asserted repeatedly that, in every grave case of the disease, where the throat affection was severe, nothing less than the *constant application of ice* to the neck, and the frequent use of ice, or ice water, or ice cream to the mouth and throat, will avail. Whoever has tried the cold-water cloths, knows that, in a single minute, as usually applied, they are warm and useless almost. I would, in the above case, have sponged the body until I had reduced the heat to below 103°, perhaps to 100° or less, and then, even without the aid of "one grain quinine every three hours," would have had, I think, not a "tedious," but a speedy convalescence, if the ice had been used to the neck and throat at the same time. But now for the second case:

"Lizzie B., aged ten years, a strong, healthy child, was taken sick in the night, with vomiting and high fever. Dr. Stull saw her next day. She was restless and delirious, retching occurred every few minutes, pulse 160, small and difficult to find, eyes red, and swollen, throat livid, but *not much swollen* (italics are mine), tongue covered with a light creamy fur, bowels loose, urine scanty, not high colored; prognosis bad." Physicians have frequently written to me to inquire how I would apply the cold in cases described by them, or in supposed cases. I, therefore, will take this case, so briefly and so well described by Dr. Stull, the very kind of case so common in severe epidemics of this disease, and show how I would proceed to treat it. Dr. Stull, on looking at the child, pronounced the "prognosis bad." Now, why did he say so? Where does he see the danger? Fifteen hours ago she was a strong, healthy girl; what threatens her life now? When we have discovered that we shall be prepared to prescribe, and not before. In the closing words of Dr. Stull, we must prescribe for "what's the matter." Where, then, does Death seem to be making his fiercest attack? "The throat is livid, but not much swollen." The throat is, therefore, not the point of great danger, and though we

may—indeed, certainly will—give some cold water to cool it, and apply ice externally to hold the inflammation in abeyance, and prevent its extension to the windpipe and glands of the neck, we must look elsewhere for the cause of the restlessness and delirium, of the retching which occurs every few minutes, of the red and swollen eyes, and the small and rapid pulse. A careful consideration of those symptoms, and a glance at the patient, assure me that these come from an affection of the brain. I care but little for the throat just now, for I know full well that while the brain is thus affected, much disease of the tonsils and adjacent parts will not manifest itself; but I also know that if I do not relieve the brain, to-morrow, on the 14th, my patient may be blind, or comatose, or in convulsions, or, perhaps, dying. Now, what shall I do? First, what did Dr. Stull? He “directed that lumps of ice be folded in thin cloths, and kept constantly applied to the glands of the neck, also pieces of ice in the mouth to dissolve. This, with the administration of a weak solution of potassa, constituted the treatment.” This was the treatment on the 13th, when the brain was already being invaded by the disease, which threatened, if unchecked for the next few hours, to go beyond delirium into coma, or convulsions, or blindness. This was the auspicious moment to act on the brain, not the throat. Time then lost could never be regained. We might almost dispense at this time with applications to the throat, but to the brain they are indispensable. I have most earnestly tried to impress on your readers the important fact that, when disease is laying violent hands on the brain, producing delirium, or threatening convulsions, there will be no great or dangerous manifestations of disease in the throat, until after the brain shall be relieved. And here we have the case; the red and swelled eyes, the delirium, the restlessness, and frequent retching, in a child who, fifteen hours ago, was well and strong, point unmistakably to the brain affection. We must not be led off by a moderate congestion in the throat, and the name of scarlet fever, and induced to apply our remedies to the neck and throat, when it is the brain that suffers. Nor will it do to wait until to-morrow (the 14th), and then, when Lizzie has become blind, “cut the hair from the head and apply ice.” Important time would thus be lost. The time to act was on the 13th. But even then, cutting off the hair and applying an *ice-cap* would not have been my treatment. You will bear me witness that I have urged on the profession that no means of relief which I have ever tried in such cases at all equal the *pouring* of cold water on the head from a height of a few feet. I would not trust to the *ice-cap* at all in such a case. An *ice-cap* would not relieve a person poisoned by a large dose of opium, and yet such cases are often completely under control by *pouring* cold water on the head. I would, then, on the 13th, have paid some attention to the throat, but

my main efforts would have been directed to the relief of the brain. I would not have lost a moment in pouring, from a height of a few feet, pitcherful after pitcherful of cold water, in a small continuous stream, moving it all over the head, for hours, if need be, to relieve the delirium. Nor would I care at this time for quinine or carbonate of ammonia (both valuable in certain conditions of the system, but not in this stage). Besides pouring water on the head, I would ascertain, by means of the thermometer, the temperature of the body, and, if found to be above 100° Fahr., would reduce the temperature by copious drinks of cold water, by sponging the body with tepid, cool, or cold water, every few minutes, and, if need be, by injections of cold water into the rectum. Cases III and IV, not being minutely described, “though manifesting the same general appearance,” cannot weigh much for or against the treatment instituted, though I doubt not in those cases it was very appropriate. In my desire to call the attention of physicians to this most valuable plan of treatment in grave cases, instead of trusting to small doses of medicines, which cannot control the heat of the system, nor stop the course of the disease, I have given the cold treatment so prominent a position as to overshadow all other means, yet I do not fail to avail myself of whatever medicines can aid me.

Dr. Stull, in entering on the treatment of his second case, says: “As I thought I had given the ice a pretty fair trial, etc.” A fair trial! Suppose that every active medicine in use had been abandoned after a single trial, and that made by one who had never used it before, and who, being somewhat fearful of the remedy, gave it in a dose so small and with intervals so long that it could not avail. Where, now, would quinine and carb. ammonia, chlorate pot., aconite, veratrum and opium be if thus judged? I am happy that even with his first inefficient trial Dr. S. succeeded so well. Very thankful for the faith he has in the use of cold; so good an observer, one so anxious to make a fair trial, and who feels the responsibility of his position, will, ere long, in “desperate cases” acknowledge the saving power of the ice treatment. Knowing as I do, how timidly we all enter on the use (for the first time) of an active medicine, I can well imagine the difficulty, even if the family should offer no obstacle to our wishes, to at once graduate the remedy to the condition of our patient. To treat a severe case of scarlet fever is quite a different thing from treating rheumatism or typhoid fever. In those cases we may do almost nothing during the first few days, and life will not be seriously imperiled by our neglect, but when summoned to a case like Lizzie B.’s, there must be no delay, no waiting until to-morrow. I have frequently insisted on the great importance of *early* treatment in this disease. It is far easier to prevent the throat and brain from becoming dangerously affected, than to relieve them after they have become so. If then the

case is seen early, and the throat even but slightly affected, let it be attended to with cold drinks and moderate applications of ice externally. Do even the most moderate symptoms of brain affection show themselves, let the head be kept cool by frequent gentle douches of cool water. Does the general temperature of the body threaten to be excessive, sponge with cool or cold water, as the case may be, and rest assured that what would perhaps have been a speedily fatal case will pass through its stages as a mild one. I thank Dr. Stull for his efforts, and am cheered by his moderate success with the ice. He should not be discouraged that he did not attain the climax of success.

As well might we expect the untrained boy to turn aside the threats of the skillful swordsman, as to expect the physician who for the first time handles a potent remedy to rival the success of one who has wielded it during a quarter of a century in numerous encounters with death.

HIRAM CORSON, M. D.

## NEWS AND MISCELLANY.

### The Medical Education of Women.

The *Pall Mall Gazette* has the following from a medical correspondent:—

The medical education of women will shortly be placed upon a solid foundation in the city of Boston, U. S. A., by the New England Female Medical College being made a branch of Harvard University. Among the great Universities of the New World, Harvard is well known as the oldest, the wealthiest, and the most celebrated, so that no reason for complaint will remain to English speaking people on the other side of the Atlantic when the medical degrees of Harvard are as accessible to women as to men.

A letter from Paris to a contemporary says:—The medical courses are now open. We have three or four ladies attending the *cliniques*; they are modest, well informed, and intelligent ladies, and are much respected and kindly received by the professors; and our students, turbulent as they are, know how to respect those who come among them as strangers appealing to their gentlemanly souls, and show a better example than your riotous students of Edinburgh.

### The Marine Hospital Service.

Dr. John M. Woodworth, Supervising Surgeon of the Marine Hospital Service, has just prepared the first annual report of that branch of the Treasury Department. The book is replete with matter instructive and entertaining to the general reader as well as to the physician and surgeon. It contains a condensed history of the United States Marine Hospital Service from its creation in 1798, including a brief sketch of each hospital from the time it was built or purchased; also, copious tables, from

which it appears that during the fiscal year ending June 30, 1872, 12,302 were cared for in hospitals and 854 received out-door relief. Of these, 10,945 were discharged and 521 died. The average daily number in the hospital were 1111; the number of ports at which sick seamen were treated was 81; the amount of hospital tax collected was \$323,700.05; cost of the service for the year, \$396,263.11, being \$56,891.31 less than in 1871. The Supervising Surgeon condemns the course heretofore pursued by the Government and in Europe, of building hospitals of stone and iron with a view to their durability, on the ground that hospital buildings become poisoned after several years' use, and cause unfavorable results in the treatment of diseases and injuries, by engendering erysipelas of the primary disease or injury with which the patient entered the hospital. He particularly favors the construction of all marine hospitals of wood, on the pavilion plan, and destroying them after ten or fifteen years' use. He claims that this course will not be as expensive as that now in vogue.

### The Cholera.

We collect from our recent European exchanges some further facts of the march of this epidemic. It made its appearance at Teheran about the middle of August, and the deaths have amounted to about 200 *per diem*. Cholera is reported to have totally disappeared at Pesth and Buda. The following are particulars of attacks in the Government of Bessarabia, in South Russia: From September 25th to October 19th, 1020 attacks and 400 deaths. Up to December 1st, there had been 2616 cases of cholera in Hungary; of these 1081 had recovered and 1008 had died. In Buda and Pesth, from November 24th to December 1st, in addition to 264 patients remaining under treatment at the former date, there were 153 new cases, making in all 417; of whom 122 recovered, 67 died, and 228 remained under treatment. The disease broke out on December 3d in Zamost and Hruschau in Silesia. Of seven persons attacked, two died. In Moravia, cholera has appeared in Saversdorf, and has ceased in Stitna. From November 24th to December 1st there were in Moravian, Ostrau and Saversdorf, 53 cases, of which 11 recovered and 16 died. The disease has been imported into the commune of Stitna by a patient from Russian Poland, and into the commune of Slawitschin by a workman returning from Pesth. In the first named commune, two out of three patients attacked with the disease have died.

—At the last meeting of the members of the Camden (N. J.) Medical Society the following resolution was passed:—"That on and after the 1st day of January, 1873, the regular fee for a professional visit in the city of Camden shall be two dollars per visit." This resolution was signed by fifteen practicing physicians.

## Changes in the Coroner's Office in New York.

Dr. Adolph Kessler, the newly-elected Coroner, has entered upon his duties, Coroner Schirmer retiring to private practice. Dr. Kessler has appointed Dr. Simeon M. Leo as deputy, and Dr. William Cushman, late Coroner Schirmer's deputy, assuming a similar position under Coroner Herrman, vice Dr. John Beach, resigned.

—We find the following old-time advertisement for a man of "varied accomplishments." "Wanted, for a family who have had bad health, a sober, steady person in the capacity of doctor, surgeon, apothecary, and man-midwife. He must occasionally act as butler, and dress hair and wigs. He will be required sometimes to read prayers, and to preach a sermon every Sunday. A good salary will be given."

—"Zouave Jacob," whose magnetic cures in France were the sensation of the Continent a few years ago, has sunk into obscurity and poverty.

## OBITUARY.

Died, at Erie, Pa., Tuesday, Dec. 17th, 1872, Dr. G. BENNETT, of that City.

At a meeting of the Medical Society of Erie Co., Pennsylvania, held on the afternoon of Wednesday, the 18th ult., Dr. A. Thayer, Vice President, in the chair Dr. D. D. Loop, of Northeast, announced the death of Dr. Bennett. The following resolutions were passed unanimously:

*Resolved*, That the quiet, social disposition, cultivation, intelligence, and polished manner of the late Dr. Bennett have endeared him to his professional associates, and that we deeply regret and acutely feel his loss.

*Resolved*, That in the decease of Dr. Bennett the community has lost a man of enlarged and improved mind, of full and accurate professional information, of executive ability and sound judgment, and that the honors accorded to his remains are a just tribute to his memory.

*Resolved*, That Doctors Wallace, Stewart, and Brandes be a committee to express to the friends and relatives of the deceased our sympathies with them in their bereavement, and our high estimate of the character of Dr. Bennett.

*Resolved*, That a copy of these resolutions be sent to the family of Doctor Bennett, and published in the city papers and medical journals, and that the members of this society will attend the funeral.

C. W. STRANAHAN, Secretary.

## MARRIAGES.

CURTIS-CAREY.—On the 9th inst., in Grace M. E. Church, by the Rev. J. D. Curtis, assisted by the Rev. Jacob Todd, J. M. Curtis, M. D., and Annie E., daughter of C. M. Carey, Esq., all of Wilmington, Del.

EDWARDS-PERKINS.—At St. Paul's Church, Louisville, Ky., Dec. 12th, by Rev. E. T. Perkins, D. D., Dr. Charles G. Edwards, of Leesburg, Va., and Miss Ida A. Perkins, daughter of the officiating clergyman.

FOWLER-MUMFORD.—At Christ Church, New York, Jan. 2d, by Rev. Dr. Israel Foote, of Grace Church, Rochester, assisted by Rev. Dr. Thompson, of Christ Church, New York, Dr. Edward P. Fowler, of New York, and Louise, second daughter of the late George H. Mumford, Esq., of Rochester, N. Y.

GUMBES-CUSHMAN.—Jan. 8th, at All Saints' Chapel, Albany, N. Y., by the Right Rev. William Crowsell Doane, Charles W. Gumbes, M. D., and Mary Louise, daughter of Paul Cushman.

MOORE-FISLER.—At Clayton, N. J., on Dec. 24th, by the Rev. Charles E. Ford, assisted by the Rev. Mr. Morrell, Clayton G. Moore, of Mullica Hill, and Helen Theodosia, eldest daughter of Samuel Fisler, M. D., of the former place.

PRIEST-COX.—By Rev. J. B. Reed, Nov. 27th. S. Curtis Priest, M. D., of Newark, Ohio, and Miss Agnes Cox, of New Martinsville, West Va.

RODMAN-POMEROY.—At Stonington, Conn., Dec. 16th, Wm. W. Rodman, M. D., of New Haven, and Anna G., daughter of the late Benjamin Pomeroy, Esq.

ROSE-GREER.—On Christmas Eve, 1872, at No. 1713 Vine street, by the Rev. H. Palethorp Hay, L. L. D., Rector of the Church of the Good Shepherd, Radnor, Chandler P. Rose, M. D., and Elizabeth P. Grubb, both of Philadelphia.

RUSSELL-WINTER.—In New Portland, Me., Nov. 28, at the residence of the bride's father, by Rev. C. W. Averill, Frank H. Russell, M. D., of Kingfield, Me., and Miss Addie Winter, of New Portland, Me.

SHERMAN-COLE.—At Waltham, Mass., Dec. 6th, by Rev. L. P. Frost, Dr. John M. Sherman and Abby G. Cole.

SMITH-CRESAP.—By Rev. J. B. Reed, Dec. 10th, James Smith, M. D., of Clarington, Ohio, and Miss Ophelia Cresap, of Marshall Co., W. Va.

## DEATHS.

AUGUSTINE.—At Pittsburg, Christmas morning, at 9 o'clock, Dr. T. J. Augustine, aged thirty-eight years.

BEIDLER.—At Bridgeport, Montgomery Co., Pa., on the 27th ult., Dr. Daniel Beidler, in the 57th year of his age.

BROOKFIELD.—At Philadelphia, on Tuesday morning, the 17th ult., Dr. Joseph Brookfield, in the 84th year of his age.

CRAWFORD.—In Saltsburg, Indiana Co., Pa., Dec. 10th, 1872, Zeruah G., wife of Dr. J. L. Crawford, and daughter of Abner and Elizabeth Griffith, aged 28 years and 14 days.

ELY.—On the morning of the 9th instant, Henry P. Ely, M. D., in the 61st year of his age.

GREEN.—At Goshen, N. Y., on the morning of the New-Year, Lucia Butler Green, daughter of the late Dr. Horace Green, in the 16th year of her age.

HALL.—On Thursday evening, 2d inst., Margaret, only daughter of Dr. Samuel and Catherine S. Hall, aged 10 years and 2 months.

JENKINS.—At New Orleans, on Sunday, Dec. 22d, 1872, at 7.50 P. M., Dr. John Purvis Jenkins, aged thirty-two years.

JOHNSTON.—At Philadelphia, on the 6th instant, Mary A. C., daughter of Dr. J. K. and Anna Johnston, aged 8 months.

MYERS.—At Fordham, Mass., Wednesday, 8th instant, Francis M., son of Mary and the late Dr. S. F. Myers, aged 33 years.

O'BRIEN.—In St. Louis, Mo., at school, on Saturday, Dec. 7th, 1872, of paralysis of the brain, Ignatius Isidore, youngest son of Dr. I. J. O'Brien, of New York, aged 14 years, 3 months, and 15 days.

RICHARDSON.—In Marlborough, N. H., Dec. 16th, Mary Belle, only child of Dr. S. A. Richardson, aged 11 years, 8 months.

STEWART.—Oct. 31st, 1872, at 7 A. M., in East Liberty, Pittsburg, Pa., James H. Stewart, M. D.